

Maryland Health Quality & Cost Council Disparities Workgroup

Interim Report *DRAFT*

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Special Thanks to the Workgroup Members

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- **John Ruffin, PhD**
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Ex-officio/Staff:

- **Carlessia Hussein, RN, DrPH**
- **David Mann, MD**
- **Ben Stutz**
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Disparities Workgroup Charge

- The Workgroup shall develop recommendations for best practices, monitoring, and financial incentives for the reduction of disparities in the health care system.
- These disparities may include:
 - Workforce
 - Quality of care within an office or hospital setting
 - Access to care within a health plan or health care system
 - Understanding of care within a health care setting
 - Others as determined by the Committee
- The Workgroup shall provide a report with its findings and recommendations to the Council in December 2011.

Targeted Health Disparities

Maryland Prevention Quality Indicators by Race and Ethnicity with Black % excess http://statesnapshots.ahrq.gov/snaps/10/SnapsController?menuId=47&state=MD&action=disparities&level=80								
Ambulatory Care Measures	Whites (Non-Hisp)	Blacks (Non-Hisp)	B/W Ratio	R a n k	B-W Differ	R a n k	Black % excess method 1	Black % excess method 2
Respiratory Disease								
Admissions for chronic obstructive pulmonary disease per 100,000 population, age 18 and over	190.8	179.19	0.94	14	-11.61	14	N/A	N/A
Bacterial pneumonia admissions per 100,000 population, age 18 and over	260.11	355.93	1.37	10	95.82	7	26.9%	26.9%
Pediatric asthma admissions per 100,000 population, ages 2-17	95.98	294.09	3.06	3	198.11	3	67.4%	67.4%
Asthma admissions per 100,000 population, age 18 and over	115.34	312.68	2.71	6	197.34	4	63.1%	63.1%
Asthma admissions per 100,000 population, age 65 and over	262.86	519.71	1.98	9	256.85	2	49.4%	49.4%
Immunization-preventable influenza admissions per 100,000 population, age 65 and over	23.51	24.33	1.03	13	0.82	13	3.4%	3.4%
Heart Disease								
Admissions for hypertension per 100,000 population, age 18 and over	44.39	200.66	4.52	2	156.27	6	77.9%	77.9%
Admissions for congestive heart failure per 100,000 population, age 18 and over	351.43	896.83	2.55	7	545.40	1	60.8%	60.8%
Admissions for angina without procedure per 100,000 population, age 18 and over	47.82	65.07	1.36	11	17.25	11	26.5%	26.5%
Diabetes								
Admissions for diabetes with short-term complications per 100,000 population, ages 6-17	20.56	22.25	1.08	12	1.69	12	7.6%	7.6%
Admissions for diabetes with short-term complications per 100,000 population, age 18 and over	46.09	134.31	2.91	4	88.22	8	65.7%	65.7%
Admissions for diabetes with long-term complications per 100,000 population, age 18 and over	101.61	291.09	2.86	5	189.48	5	65.1%	65.1%
Admissions for uncontrolled diabetes without complications per 100,000 population, age 18 and over	10.09	46.72	4.63	1	36.63	10	78.4%	78.4%
Lower extremity amputations among patients with diabetes per 100,000 population, age 18 and over	27.44	64.46	2.35	8	37.02	9	57.4%	57.4%

Asthma

Heart Disease

Diabetes

Proposed Interventions

- 1. Create Health Empowerment Zones (HEZ)**
- 2. Create the “Maryland Community Health Prize”**
- 3. Expand the Scope of Maryland’s Current Reimbursement Incentives for Quality, and Make them Race and Ethnicity-specific**

Health Empowerment Zones

Strategies & Incentives in HEZ

- **State income tax and/or local property tax incentives for providers**
- **Utilization of city and/or county-owned property for little or no rent to providers**
- **Provide loan repayment programs for practitioners**
- **Institute financial assistance to adopt Health Information Technology through interest-free loans and grants**
- **Utilize Community Health Workers**
- **Make cultural competency and health literacy training a requirement**
- **Utilize home monitoring technology/equipment to allow for periodic observation and earlier intervention**

Actions to Implement

- **Legislation**
- **Legislation**
- **CMS approval of LARP**
- **Legislation to reimburse for Community Health Workers**
- **Changes to physician and nurse licensing requirement**

Expand Scope of Existing Reimbursement Incentives for Quality

- Recommend that HSCRC's current and future quality incentives promote equity and reduce disparities
- Recommend that the Patient Centered Medical Home shared savings incentive promotes equity and reduces disparities
- With the Medical Home Project as a model, recommend that all health insurers in Maryland offer all of their providers a shared savings opportunity, whether in a medical home or not, that promotes equity and reduces disparities

* Disparities Workgroup will continue to develop implementation strategies

Create the “Maryland Community Health Prize”

- Encourage and reward social entrepreneurship to stimulate development and innovation of community health interventions
- Incentivize competition that will:
 - Expand successful efforts
 - Yield solutions not yet developed
 - Generate national media attention to community health improvement efforts

Next Steps

- **Develop Justification/Rationale**
- **Determine the Expected Benefits**
- **Create Action Steps for Implementation**
- **Identify Responsible Parties/Partners**
- **Outline Required Resources/Policies**
- **Determine Assessment Benchmarks**
- **Establish Timeframes/Milestones**